

Radius Residential Care Limited - Radius Lexham Park

CURRENT STATUS: 12-Jun-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Lexham Park is part of the Radius Residential Care Group. Lexham Park provides hospital and rest home level care for up to 62 residents. On the day of the audit there were 20 residents receiving rest home level care and 38 receiving hospital level care. The service also has two beds dedicated for acute GP admissions. Both these beds were being utilised for short term care during the audit.

The facility manager is a registered nurse with many years of aged care management experience. She has been at the service since May 2008 and is supported by a clinical manager and Radius regional manager. The organisation has adopted a quality approach towards service delivery and incorporating quality into all aspects of care. There is a quality and risk management system in place at Lexham Park that is implemented and monitored and this generates improvements in practice and service delivery.

The service is commended for achieving three continued improvement ratings around community engagement, activities and environmental upgrades. There is one improvement required around transcribing of medication.

AUDIT SUMMARY AS AT 12-JUN-13

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 12-Jun-13	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		All standards applicable to this service fully attained with some standards exceeded

Organisational Management	Day of Audit 12-Jun-13	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained

Continuum of Service Delivery	Day of Audit 12-Jun-13	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk

Safe and Appropriate Environment	Day of Audit 12-Jun-13	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		All standards applicable to this service fully attained with some standards exceeded

Restraint Minimisation and Safe Practice	Day of Audit 12-Jun-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 12-Jun-13	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained

AUDIT RESULTS AS AT 12-JUN-13

Consumer Rights

Lexham Park practices in accordance with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights "the Code" and copies of the code are displayed through the facility. There is information available about the Nationwide Health and Disability Advocacy Service. Staff, residents and family verified the service is respectful of individual needs including cultural and spiritual beliefs. Cultural training is provided and individual values and beliefs are considered on admission and continuing through the care planning process. There are implemented policies at Lexham Park to protect residents from discrimination or harassment. Clinical policies are reviewed by the clinical management committee at organisational level and there is a process in place to inform staff of policy change. There is an open disclosure and interpreters policy that staff understand. Family/friends are able to visit at any time and interviews verified on-going involvement with community activity is supported. There is a complaints policy supporting practice and an up to date register. Staff interviews confirmed an understanding of the complaints process. The service has achieved a continuous improvement rating around community engagement.

Organisational Management

Lexham Park is part of the Radius group and there are organisational wide processes to monitor performance. The service is managed by appropriately trained personnel and there is a suitable structure in place to oversee service delivery in the absence of the manager. There is a quality system that is being implemented in line with the quality plan (2013). Management and Safety, Quality and Risk Management meetings are used to monitor quality activities such as audit, complaints, health and safety, infection control and restraint. There is an adverse event reporting system implemented at Lexham Park and monthly data

collection monitors predetermined indicators. There is a human resource manual to guide practice. There is an annual education programme and records of attendance are maintained. Eight staff files were reviewed and all have a current appraisal and show human resource practices are followed. There is a documented rationale for staffing the service. Staffing rosters were sighted and staff on duty match needs of different shifts. Resident information is kept confidential and old records are archived.

Continuum of Service Delivery

The service has a well-developed assessment process and resident's needs are assessed prior to entry. Service information is made available prior to entry and in the welcome pack given to the resident and family/whanau. Residents/relatives confirmed the admission process and that the agreement was discussed with them. Registered nurses are responsible for each stage of service provision.

The sample of residents' records reviewed provide evidence that the provider has systems to assess, plan and evaluate care needs of the residents. The residents' needs, interventions, outcomes/goals have been identified and these are reviewed with the resident and/or family/whanau input. Care plans are developed and demonstrate service integration and guide all staff in cares. Care plans are reviewed six monthly, or when there are changes in health status. Resident files include notes by the GP and allied health professionals.

Medicines are managed and policies reflect legislative requirements. Education and medicines competencies are completed by all staff responsible for administration of medicines. The medicines records reviewed include documentation of allergies and sensitivities and these are highlighted. There is an improvement required around transcribing of medication.

The activities programme is facilitated by a diversional therapist. The activities programme provides varied options and activities are enjoyed by the residents. Each resident has an individualised plan. Community activities are encouraged, van outings are arranged on a regular basis. There is a continuous improvement awarded around the activities programme.

All food is cooked on site by the chef. All residents' nutritional needs are identified, documented and choices provided. Meals are well presented, homely and the menu plans have been reviewed by a dietitian. Food and fridge temperatures are recorded.

Safe and Appropriate Environment

There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps. Chemicals are labelled and stored appropriately and there is appropriate protective equipment and clothing for staff. The building holds a current warrant of fitness and holds a current approved evacuation scheme approval.

The service provider's documentation evidences appropriate systems are in place to ensure the consumers' physical environment and facilities are appropriate for their purpose. Visual inspection evidences buildings, plant and equipment comply with legislation, with documented evidence available to indicate that hot water temperatures are being monitored and recorded on a regular basis. Internal and external areas are safe for residents and family members. Residents interviewed state their room and equipment is well maintained

and that they are able to move freely around the facility. A rating of continuous improvement has been awarded around improvements to the environment.

Documented systems are in place for essential, emergency and security services. The facility has a civil defence kit. Staff interviews and files evidence current training in relevant areas. Visual inspection evidences alternative energy and utility sources are maintained, an appropriate call bell system is available and security systems are in place.

Restraint Minimisation and Safe Practice

There is a restraint minimisation and safe practice policy that includes comprehensive restraint procedures. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There is a restraint register and an enablers register. There are five residents requiring bedrails or lapbelts as restraint and ten residents with identified enablers. Restraint assessments are based on information in the care plan, discussions with residents/relatives and on staff observations of residents. Staff are trained in restraint minimisation and restraint competencies are completed regularly.

Restraint is reviewed for each individual at least three monthly and as part of the multidisciplinary review. Multidisciplinary reviews include family/whanau.

Infection Prevention and Control

Radius Lexham Park has an infection control programme (IC) that complies with current best practice. There is a dedicated infection control coordinator who has a role description. The infection control coordinator collates monitoring data and reports through to the quality meeting and outcomes are reported to staff through nursing and staff meetings. The infection control programme is reviewed annually. Infection control education is provided at orientation and incorporated into the annual training programme. Training records were sighted. Education provided includes an evaluation of the session and content delivered. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.